

## Perianal condylomata acuminata in a male child

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**SUMMARY** A one year old male child presented with a perianal growth of two months' duration. Clinical and histopathological findings confirmed the diagnosis of condylomata acuminata, which regressed completely following topical treatment with podophyllin.

### Introduction

Condylomata acuminata are rare in children.<sup>1</sup> Vulval warts have been described in girls aged between 18 months and puberty.<sup>2,3</sup> Penile warts have not been described in boys.<sup>4</sup> We describe below a case of perianal condylomata acuminata in a one year old boy. This is probably the first report of histologically confirmed perianal condylomata acuminata occurring in a child.

### Case report

#### CLINICAL HISTORY

A one year old Indian boy was admitted to the skin ward of Jawaharlal Institute of Postgraduate Medical Education and Research Hospital, Pondicherry, India, in December 1982. When the child was 10 months old his mother had noticed a small pea sized growth on the perianal margin. The initial lesion persisted and fresh lesions developed in a period of one month to involve the entire perianal margin. The child cried during defaecation. There was no history of sexual assault. With the exception of multiple pedunculated warty growths around the anal margin (fig 1) and occasional pyodermic lesions on buttocks and thighs, physical examination showed no significant abnormalities. The rectal mucosa and genitalia were normal. Examination of the mother failed to detect any genital or skin warts and she gave no history of skin or genital warts. The father of the child, who had had penile condylomata acuminata of six months' duration, gave a history of extramarital sexual contact.

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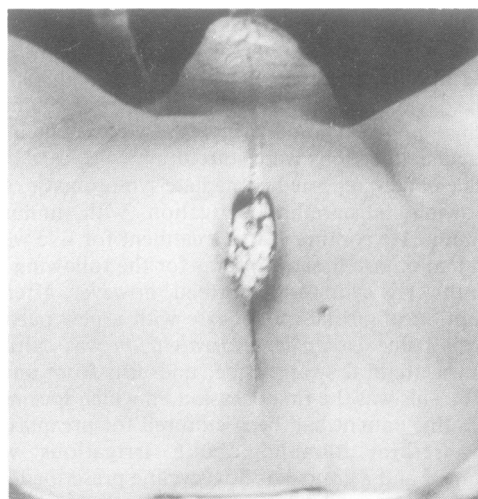


FIG 1 Pedunculated perianal genital warts.

#### DIAGNOSTIC AND LABORATORY TESTS

Repeated dark ground examinations of exudate obtained by traumatising the warts did not show *Treponema pallidum*. The Venereal Disease Research Laboratory (VDRL) tests on the blood of the child and his parents gave negative results.

Under general anaesthesia a biopsy specimen of a wart was taken. Tissue sections showed an intact basal epidermal layer with moderate acanthosis and elongated dermal papillae entrapped in places by retes. The thickened stratum granulosum was surmounted in places by a parakeratotic horny layer; a moderate number of mitotic figures were observed (fig 2). These histological changes were consistent with those of a condyloma acuminatum.

#### TREATMENT

Podophyllin 25% in tincture benzoin was applied to the warts on alternate days for three applications.

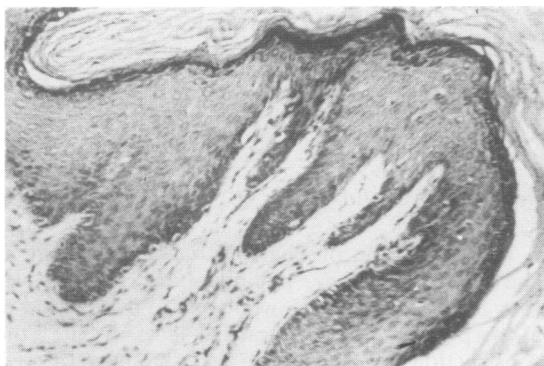


FIG 2 Photomicrograph showing acanthosis, papillomatosis and mitotic figures ( $\times 167$  magnification).

Two weeks later there was complete regression of the warts.

### Discussion

Unlike skin warts commonly seen in children,<sup>1</sup> genital warts are usually a disease of sexual maturity.

Perianal condylomata acuminata in men almost always result from anal intercourse.<sup>4</sup> Neither perianal nor genital warts have been described previously in boys. In this case it is likely that the child contracted infection from the father through accidental inoculation. The absence of genital warts in the mothers of young girls with genital warts has been found by other authors.<sup>1,2</sup> Patel *et al*,<sup>3</sup> however, found genital warts in the mother of an 18 month old girl with vulval condylomata acuminata. The occurrence of perianal warts in a young boy suggests the need for more careful examination and follow up of all patients with genital warts.

### References

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